

DECLARATION

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: AN OPTICAL MONITORING APPARATUS the specification of which X is attached hereto or _____ was filed on _____ as Application No. _____ and was amended on _____ (if applicable).

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119
DE	202 16 757.7	October 30, 2002	YES

Full Name of Inventor 1:	Last Name: BRAUNE	First Name: INGOLF	Middle Name or Initial:
Residence & Citizenship:	City: GUNDELFIGEN	State/Foreign Country: GERMANY	Country of Citizenship: GERMANY
Post Office Address:	Post Office Address: BAHNHOFSTRASSE 12	City: GUNDELFIGEN	State/Country: GERMANY Postal Code: D-79194
Full Name of Inventor 2:	Last Name: WÜSTEFELD	First Name: MARTIN	Middle Name or Initial:
Residence & Citizenship:	City: SEXAU	State/Foreign Country: GERMANY	Country of Citizenship: GERMANY
Post Office Address:	Post Office Address: SIEDLUNGSWEG 14	City: SEXAU	State/Country: GERMANY Postal Code: D-79350
Full Name of Inventor 3:	Last Name: BERGBACH	First Name: ROLAND	Middle Name or Initial:
Residence & Citizenship:	City: EMMENDINGEN	State/Foreign Country: GERMANY	Country of Citizenship: GERMANY
Post Office Address:	Post Office Address: IN DER WAID 5	City: EMMENDINGEN	State/Country: GERMANY Postal Code: D-79312

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
<u>X</u> <i>I. Braune</i> Ingolf BRAUNE Date <u>X</u> 18.7.03	<u>X</u> <i>M. Wüstefeld</i> Martin WÜSTEFELD Date <u>X</u> 15.7.3	<u>X</u> <i>R. Berghbach</i> Roland BERGBACH Date <u>X</u> 15.7.3

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PTO/SB/81 (02-01)

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Ingolf BRAUNE
Title	AN OPTICAL MONITORING APPARATUS
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	089441-000000US

I hereby appoint:

Practitioners at Customer Number

OR

Practitioner(s) named below:

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Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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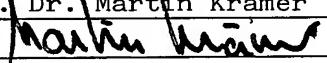
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Dr. Robert Bauer	ppa. Dr. Martin Krämer
Signature		
Date	July 21, 2003	July 21, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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